

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY
NCEH/ATSDR OFFICE OF HEALTH COMMUNICATION
ATLANTA, GA 30333**

ISSUE DATE: June 28, 2004 **PROPOSAL DUE DATE:** July 28, 2004

QUESTIONS ARE DUE NO LATER THAN: July 9, 2004

REQUEST FOR TASK ORDER PROPOSAL – RFTOP # 191 (CDC 17)

TITLE: Communication Services and Materials Development for Integrated Communication and Educational Outreach to CDC/ATSDR Communities

Contract Reference: This Request for Task Order Proposal is consistent with the purposes for which the NIH Public Information and Communication Services (PICS) contracts for health communication services were awarded. This RFTOP includes tasks described in the contract as Tasks 1, 2, 5, 6, 8, 9, and 14.

Page Suggestion:

Offerors should limit the Technical Proposal to no more than 20 pages; attachment of bios and references are not included in this page limit.

Budget format suggestion:

Offerors are requested to provide an itemized budget by Task. Offerors may add additional breakouts under each Task (i.e. itemize by deliverable under each Task) to provide additional information. Any proposed subcontracting budgets should be itemized.

Funding Range: (check one)

- ☐ Under \$100,000
- ☒ Over \$100,000 but less than \$300,000
- ☐ Over \$300,000 but less than \$500,000
- ☐ Over \$500,000 but less than \$700,000
- ☐ Over \$700,000 but less than \$1,000,000
- ☐ Over \$1,000,000

Type of Pricing Requested: (check one)

- ☒ Cost Plus Fixed Fee
- ☐ Other (Specify) _____

BACKGROUND

The purpose of this RFTOP is to improve the quality of communication and health education outreach programs by the Agency for Toxic Substances and Disease Registry (ATSDR) in communities affected by hazardous waste sites and toxic substances. ATSDR staff members, in most of their responses to the media and the public, are faced with the challenge of addressing scientific uncertainties related to determining the health effects of hazardous wastes and toxic substances; these topics have always attracted intense media attention and public concern. Coordinated and effective communication by investigators, communicators, and health educators, utilizing principles of risk communication and effective longer-term educational approaches for health professionals and the public is critical to an effective response.

In the wake of the anthrax crisis, the Centers for Disease Control and Prevention (CDC) recognized the central role of integrated and consistent communication responses to concerned publics when exposures to harmful substances occur and scientists are uncertain as to the health risks. Since the crisis, CDC has dedicated millions of dollars to bolstering its communication capacity, with investments in audience research, message design, content development, the enhanced use of channels (Web), risk communication trainings, and systems to expedite the production of information. ATSDR's routine scientific work with communities affected by toxic substances bears similar features to CDC's crisis work: concerned or outraged publics, heightened attention to the scientific process, and the need to communicate uncertain or "in-progress" scientific findings. Additionally, ATSDR teams operate often in highly politicized situations, with critical and well-informed stakeholders demanding timely answers to sensitive questions.

ATSDR currently delivers communication and educational responses to environmental issues raised by its scientific investigations from a number of units within the organization that have responsibility for differing aspects of the response, such as: 1) responding to media inquiries; 2) facilitating community involvement in the scientific processes; 3) conducting scientific investigations; and 4) conducting health education and health promotion activities in communities. Because these units are distributed across the organization, delivering an integrated communication response (i.e. consistent messages) is challenging. This may be a contributing factor in the continuing concerns expressed by external stakeholders, such as environmental activists and members of the lay public, regarding the quality of ATSDR's communication.

This RFTOP is designed to generate solutions to these concerns with the systematic development of information, based upon communication research, for communities across the

country that may have similar issues, such as exposures to the same type of substances or similar populations and health issues. This work should result in a significant cost savings to the agency and better service to communities; data gathered and work performed through this contract may also be applicable to the development of other health-related materials as CDC/ATSDR reaches out to its customers and partners.

Furthermore, the completed tasks and deliverables specified under the Statement of Work should effectively demonstrate to ATSDR staff 1) that there are similarities among communities in terms of audience segments and general environmental health information needed; and 2) that the differing aspects of the communication efforts among community involvement, media relations, and health education responses can be coordinated to increase the consistency and quality of health information delivered to the agency's customers at these sites.

DESCRIPTION OF WORK

The Contractor shall research and develop integrated health communication and education strategies and materials for use across the range of sites for which ATSDR is conducting health assessments, health consultations, health studies, and health promotion work. The Contractor shall work with a technical monitor for NCEH/ATSDR, who will provide guidance to the Contractor and with the NCEH/ATSDR Office of Communication to insure and coordinate input from the Agency's units that are responsible for delivering information to the public. To facilitate input, ATSDR will organize a small working group of staff who perform the media relations, community involvement, and health communication and education, and marketing research functions. The working group will be chaired by a staff member from the NCEH/ATSDR Office of Communication.

PHASE I: STRATEGIC COMMUNICATION PLANNING

Task 1. Develop an understanding of ATSDR's communication and health education issues and the Agency's key mandate and OMB performance objectives.

Upon the award of funds, the contractor will meet with the project lead and other staff assigned to this project for an orientation. Following the orientation, the contractor will meet with the NCEH/ATSDR working group to be formed to advise the strategic planning work. To become familiar with the agency's mandate and OMB performance objectives, the contractor will gather and analyze agency correspondence with external stakeholders (customers), internal needs analyses and position papers, advisory committees' records, work artifacts, and published papers as relevant. In gathering work artifacts, the contractor shall also conduct up to eight informal interviews by telephone or in-person with management staff involved in overseeing health communication/education responses to the media and the public.

Task 2. Generate a draft 1) segmentation of audiences found across sites and their common communication and education needs by segment; and 2) a typology of the kinds of sites/situations found at sites.

Analyze the information gathered in Task 1 for audience, site, and community-level variables to generate a draft segmentation analysis of ATSDR's audiences (customers) found in common across sites to include an analysis of delineating the range of communication contexts at sites that ATSDR staff encounter (high outrage, low concern, etc.) that may influence segmentation strategies. Classify the types of sites and situations that ATSDR staff face, presenting ranges of situations (e.g. ATSDR high-involvement (focus site) or ATSDR low-involvement; long-term or short-term engagement; high community concern or low community concern; etc.). The completion of this task should result in descriptions of the audience segments and communication contexts that are relevant to message design. The Contractor should present alternative schemas for segmenting audiences, for example, audiences may be segmented by community roles (opinion leaders, activists, medical professionals, media, etc.), but also by relevant theoretical models/constructs (social network theory, social cognitive theory, Stages of Change).

Task 3. Conduct formative research with external stakeholders (customers) and audiences to validate and refine the cross-site audience segmentation schema, the descriptions of communication and educational needs by segment, and the site typology.

To complement existing information, the contractor shall create a written proposal, including time line, to conduct additional information gathering activities as necessary to refine the audience segments and understanding of site characteristics. The goal of the process shall be to involve the communities in the strategic planning and analysis process. Community members and opinion leaders should be engaged to help identify: potential barriers to achieving effective communication and educational goals among differing audiences; variables in the types of sites and communities ATSDR serves; and knowledge, attitudes, and behaviors among the audience segments that would support or hinder communication and education activities at hazardous waste sites.

The proposal must specify 5-7 locations in which this participatory information gathering shall be conducted, either on-site or by telephone. These locations shall cover the spectrum of anticipated audience segments and types/clusters of sites responded to by ATSDR, and could include members of official ATSDR advisory groups, such as the Community Tribal Subcommittee. Methods of the participatory research should be identified (e.g., "In-depth interviews with the physicians in XYZ County" OR "focus groups with community members in ABC". Or "Abbreviated Rapid Ethnographic Community Assessment Process (RECAP)" or "Rapid Assessment Protocol" (RAP) to include lay audiences, health care providers, environmental activist groups, etc.). The contractor will implement the proposed activities in consultation with ATSDR staff. The participatory research could consist of abbreviated RECAP sessions, in-depth interviews, focus groups, or other qualitative methods. Each focus group session or round of interviews will have no more than 9 people.

Once the information has been conducted, the contractor will produce a presentation suitable for

briefing management that outlines the process, instruments, and findings of the exercise. The presentation should be accompanied by data and analysis to support the conclusions, to include systematically recorded notes (if not transcripts) or detailed outlines of individual interviews and group discussions with thematic coding schemas. Topline reports for significant audience segments are preferred.

Task 4. Combine findings from Task 2 and 3 with additional ATSDR GIS demographic and marketing data as needed to complete the cross-site audience segment and site typology (communication context) descriptions.

The Contractor shall synthesize the findings from Task 2 and 3 to refine the descriptions of the audiences and the communication contexts found at sites. The Contractor will work with the Technical Monitor to identify any opportunities to enrich the descriptions with quantitative data from ATSDR's licensed GIS-based demographic and marketing databases. ATSDR will perform any data retrieval under this Task and provide it to the contractor; the identifying of opportunities and data retrieval can run concurrently with the qualitative studies in Task 3, to be adjusted as findings from Task 3 are finalized.

Task 5. Generate integrated health communication/education plans or briefs for the key differing types of sites at which ATSDR works to include the common and unique audience segments and their communication needs.

The contractor will develop communication/education plans that will serve as standard templates for 3-5 prevalent types of sites that can be used by ATSDR teams as a base plan to modify as needed. These plans should help all members of the team integrate their efforts and send consistent messages to the community during the life cycle of investigating the health efforts of hazardous waste sites. The "plans" could take the form of an overall plan with options for action/differing messages. If options are presented, these options should be tied to criteria or decision points that site team members could work with to determine a reasonable starting communication/education strategy to be taken with a community as the team engages in the investigation process.

The contractor will determine the format and the number of plans in consultation with the technical monitor and the ATSDR working group chaired by the NCEH/ATSDR Office of Communication.

The plans or briefs should include short descriptions of the site/community characteristics relevant to communication activities (contexts), short descriptions of key audience segments that are relevant to communication and educational objectives, likely settings and channels of communication for the audience segments; tone, style, and appeal of messages for each segment; potential negative effects of messages; any specific messages, tones, or appeals that the research has identified as desirable/undesirable; any potential barriers to message appeals, etc. Additionally, the briefs should outline the basic information sought by ATSDR's key audiences in terms of ATSDR itself, how ATSDR conducts its investigations, and environmental health topics and information most requested or needed by specific audiences. The priority order in which information is most demanded by audience segment should be indicated to the extent that the formative research indicates.

OPTION 1: MATERIALS DEVELOPMENT AND TESTING

Contractors are not requested to include a budget for Option 1 at this time, because the level-of-

effort for this Option is currently undetermined, although subsequent tasks under this option are defined below. If ATSDR decides to exercise Option 1, the technical monitor will determine the appropriate level-of-effort for materials development and testing under this Option. The contractor would then be asked to respond to a sole source modification to be negotiated under this awarded Task Order.

Task 6. Develop/oversee concepts, messages, communication and educational materials, and communication products for selected audience segments and sites.

The Contractor shall develop and produce a variety of communication and education products for use by ATSDR in responding to the information needs of communities surrounding hazardous waste sites. Common products developed by ATSDR to date include fact sheets, brochures, media advertisements, volunteer kits, health care provider materials, Web sites, press materials, posters and videos. The Contractor shall create, up-date and/or modify these as needed or according to the strategies outlined in the briefs created in Task 5 and localize these materials as needed with content tailored to the needs of specific sites/audiences or particular hazardous wastes and toxic substances and other audiences as required.

Task 7. Conduct/oversee pilot testing and revisions of concepts, messages, communication and educational materials, and communication products.

The Contractor shall be responsible for creating a plan for testing of specific items created under Task 6 as requested. The Contractor shall develop a written evaluation proposal outlining the methods, required subjects, and means of evaluation based on sound communication and educational research practices. The effectiveness of the communication elements should be tested with representatives of selected audience segments. It is anticipated as a result of cost factors, that such testing will rely on qualitative techniques, such as interviews (cognitive walkthrough), focus groups, qualitative usability testing, or other qualitative methods. The contractor should be prepared to have CDC/ATSDR staff present at all testing sessions.

Business Proposals shall provide a budget for Phase I (Tasks 1-5); a budget for Option I (Tasks 6-7) is not necessary at this time. The Government plans to initially fund Phase I only. If Option I is exercised, a budget will be negotiated at that time.

DELIVERABLES: All deliverables listed below are needed for the next two years; however, funding may not be available to fund all tasks for two years. We request that offerors submit technical and business proposals for all deliverables listed below by task so that tasks may be funded incrementally as funds become available. It is not necessary to submit a budget for Tasks 6 and 7.

Task	Deliverable	To Include, But Not Limited To:	Timeline
1	Written report detailing understanding of ATSDR communication and health education issues and mandate	Notes from meetings with NCEH/ATSDR working group and management staff	3 months from award
2	A written document presenting the draft cross-sites audience segmentation and typology of sites/situations.	A listing of community-level and site variables that influence audience segmentation and typing of sites; a listing of relevant health behavior theories that may have bearing on audience segmentation; a listing of what additional research is needed during Task 3 to further refine the segmentation and typology.	4 months from award
3	Written proposal for formative research to validate and refine draft audience segmentation and site typology.	Details specified under the Task 3 descriptions (locations, methods, sampling strategy).	4.5 months from award
	Presentation detailing findings from formative research with supporting documentation.	Systematically recorded notes (if not transcripts) or detailed outlines and data to support conclusions. Topline reports for significant audience segments.	8.5 months from award
4	Revision of written document presenting a revised cross-sites audience segmentation and typology of sites/situations that reflects findings from Task 3.	Additional quantitative data relevant to the audience segments and site or community characteristics.	10 months from award

5	Three-five template integrated health communication and health education plans or briefs for prevalent types of sites and communities.	Details specified under the Task 5 descriptions. Must include standard elements of strategic public health communication plans (Reference: CDC's <i>CDCynergy</i> health communication planning methodology).	12 months from award
6	Communication and educational materials	To be specified under Option 1	13-24 months from award
7	Testing and revision of communication and educational materials	Test plans for specific items created in Task 6; actual tests and revision of materials according to evidence generated from tests.	13-24 months from award

PERIOD OF PERFORMANCE: Through September 30, 2006.

SPECIAL CLEARANCES: All materials will be cleared prior to submission to the contractor.

EVALUATION CRITERIA:

- A. Award: This task order will be awarded to the contractors whose proposals are considered to be the most advantageous to the Government, price and other factors considered. **Technical factors will be weighed more heavily than budgetary factors.** The Government will not make an award at a significantly higher overall cost to the Government to achieve only slightly superior performance.
- B. **Technical Evaluation:** The Government will perform a qualitative technical review of proposals. The technical evaluation will be performed in accordance with the following criteria. **Technical factors will be more important than cost factors in this evaluation.**

Technical evaluation for this RFTOP are as follows:

Criteria	Points or relative <u>Value of criteria</u>
Understanding of Environmental Issues	15
Similar Experience	35

Staffing and Management	25
Technical Approach	25

Understanding of Environmental Issues: Provide information demonstrating an understanding of risk communication principles, health communication and education challenges unique to the issues of hazardous waste and toxic exposure, and social marketing approaches related to environmental health promotion.

Similar Experience: Provide information reflecting experience of assigned staff that is similar in complexity and size to the anticipated project.

Contractors should provide **no more than three examples** of previous work completed within the last three years that demonstrate ability to accomplish the following.

Examples must not be longer than a 3 page summary and should demonstrate ability to: 1) Work productively with client, partners, and communities in conducting research and in risk communication, developing health messages, educational materials, and social marketing campaigns; 2) Assess and “map out” community-level variables, such as leaders, resources and social networks; 3) Conduct formative research, especially qualitative research around environmental issues with the target audiences described in this task order; 4) Assess and provide feedback during the planning phases to assure fidelity of materials development to formative research. Offerors are encouraged to list any innovative or new methods used and a contact name of client and phone number.

Staffing and Management: Contractors are to provide (1) a staffing plan that demonstrates their understanding of the labor requirements for this task order; and (2) a management plan that describes their approach for managing the work, to include subcontract management if applicable. **Plans should demonstrate adequate involvement of senior level staff with advance degrees (masters and doctoral) in health communication, health education, behavioral sciences or similar fields in all designated task areas and capacity to assist with finalization of plans and perform tasks in a timely manner.**

These criteria will be evaluated according to the soundness, practicality, and feasibility of the offeror’s staffing and management plans for this task order.

Technical Approach: Contractors are to provide a discussion of their technical approach for providing the services required for this task order. The considerations, processes, and deliverables described in this RFTP should be evident in the contractors work plan. Descriptions of who will be responsible for each deliverable, time lines, and a clear understanding of what CDC desires to have done, at a minimum, should be described in a brief narrative and/or tables, graphs, or charts.

The contractor should demonstrate technical expertise and experience with the development of health promotion and social marketing campaigns. This includes expertise and experience with formative research, audience segmentation and analysis, community assessment and organizing, health communication theory and practices, creative development and production, and campaign implementation.

These criteria will be evaluated according to the creativity, soundness, practicality, cohesiveness, and feasibility of the contractor's technical approach for providing the services required for this task order.

- C. Cost Evaluation:** A cost analysis of the cost proposal shall be conducted to determine the reasonableness of the contractor's cost proposal.

PROJECT OFFICER: TO BE ANNOUNCED.

CO-TECHNICAL MONITORS: TO BE ANNOUNCED

POC: Nancy Ware
Contract Specialist
CDC - PGO
Ngw5@cdc.gov
(770) 488-2878